PRINTED; 01/26/2017 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES	· · · · · · · · · · · · · · · · · · ·		<u>omb no.</u>	0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G 01 - ASBURY PLACE AT KINGSPORT	(X3) DATE SURVEY COMPLETED		
445481			B. WING			it a long-
	PROVIDER OR SUPPLIER 'PLACE AT KINGSPO	RT	1	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660		<u>24/2017 </u>
(X4) ID PREFIX TAG	(EACH 的是代CRENCY	REMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREMX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	n RE	OUS) COMPLETION DATE
K 000	INITIAL COMMENT	's	K 000	K211		
K 211	of Tennessee Depail Health Licensure an Care Facilities surve Safety Survey, Asbu found not in substan requirements for pail Medicare/Medicaid a Life Safety from Fire Fire Protection Asso - 2012 edition. The requirement at 4 NOT MET as eviden NFPA 101 Means of Means of Egress - G Alsles, passageways exit locations, and ac with Chapter 7, and if continuously maintal full use in case of em 18/19.2.2 through 18 18.2.1, 19.2.1, 7.1.10 This STANDARD is Based on observation maintain the means of NFPA 101 2012 Ed. The deficiency affect compartments. The owas 46 residents. The findings include: Observation at 10:30	at 42 CFR Subpart 483.70(a), and the related National clation (NFPA) standard 101 42 CFR, Subpart 483.70(a) is ced by: Egress - General Eneral Confidors, exit discharges, essess are in accordance free means of egress is ned free of all obstructions to regency, unless modified by 19.2.11. 10.1 Into met as evidenced by: In the facility falled to of egress. 19.2.1, 7.1.10.2.1 10.1 11.1 12.1 13.1 14.2 15.1 16.2 16.3 17.1 16.3 17.1 16.3 17.1 18.3 18.4 19.2	K 211	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Scale was removed from corridor on 1/25/17 and relocated to an appropriate location. How you will identify other residents having the potentia to be affected by the same deficient practice and what corrective action will be taken No other obstructions were identified in the health care center.		
DORATORY	DIRECTOR'S OR PROVIDE	RUSUPPLIER REPRESENTATIVE'S SIGNI	ATURE	TIFLE		X6) DATE

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossible 90 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CV/S-2507(02-99) Provious Versions Obsolete

Event (D: 071321

Facility ID: TN6210

If continuation sheet Page 1 of 5

CENT	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		•		FOR	D: 01/26/201 MAPPROVED MAPPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - ASBURY PLACE AT KINGSPORT			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
<u> </u>	445481		S. WING	S. WING			
NAMEOF	NAME OF PROVIDER OR SUPPLIER		·	STREET ADDRESS, CITY, STATE, ZIP CODE			/24/2017
ļ	Y PLACE AT KINGSPO	<u> </u>		100 NET	HERLAND LANE PORT, TN 37660	•	•
(X4)-II) PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MIST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	C	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROP DEFICIENCY)	100	(X5) COMPLETION DATE
K 211	Continued From pag	na 1	16.04		What measures will be put i		
,		residents is stored in the	K 21	1 '	to place or what systemic		}
	corridor by resident	room 25.		1	changes will you make to		
ļ	 "The series - to				ensure that the deficient		
	The director of facility deficiency was identified administrator du			practice does not recur:			
	1/24/17			1	Reviewed the life safety		
K 353	NFPA 101 Sprinkler	System - Maintenance and	10:35	3	guidelines regarding		ŀ
SS=D	Testing			ĺ	unobstructed egress. Directo	<u>.</u>	
	Sprinkler System - M	laintenance and Testing			or designee maintains a log o		
	Automatic sprinkler s	and standpine systems are			daily rounds to maintain	1	
	inspected, tested, an	id maintained in accordance	'		unobstructed egress and reco		
	Testing and Maintair	ard for the Inspection, ring of Water-based Fire		1			
~	Protection Systems.	Records of system design.			any corrective actions needed	i.	
)	maintenance, inspec	tion and testing are			Associates from all		
İ	maintailled in a secu available	re location and readily			departments have been	,	
	a) Date sprinkler sy:	stam last checked		1	educated on the need to		
- 1		<u>. </u>		1	maintain unobstructed egress	·	
	b) Who provided sy:	stem test			Documentation of training is	ľ	سر
[c) Water system sur	polv source		1	being maintained at the		
ļ.,	<u></u>	į	•	i '	community.	ļ	
	Provide in REMARKS	information on coverage for			Uniu the consenting and		
1.	system. System.	artial automatic sprinkler			How the corrective action(s)	ĺ	
{:	9.7.5, 9.7.7, 9.7.8, and	d NFPA 25			will be monitored to ensure	j	~
[This STANDARD is r	not met as evidenced by:		,	the deficient practice will not	Ì	
	Based on observation maintain the automati	n, the facility failed to		1	recur; i.e. what quality	ļ	
		_			assurance program will be put	t	
	NFPA 101 2012 Ed. 1	9.3.5, 9.7, 9.7.5		'	nto place:	j	
. [1	NFPA 25 2011 Ed. 5,2	4.1.1.1, 5.2.1.1.2		,	Facilities Director or designee		1 1
	The deficiencies affec		,		will maintain a daily log for 1	ŀ	2[7][7]
4	compariments. The co	ansus the day of the survey			nonth then weekly check for 2	, ,	` '
ACRE CREE AVIO	7/00 000 Ct			<u> </u>	nonths.	<u> </u>	
	7(02-99) Providus Versions Ob	solets Event ID: 971321	Fa	HILY RLA.	NHA or designee will audit the	h aheel	Page 2 of 5
					_		
)					faily log for completion weekly	y	
/				Х	c 4 and monthly x 2,		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2017 FORM APPROVED OMB NO 1938-1331

		& MEDICAID SERVICES		Öl	MB NO. 0938-0:		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(42) MULTIPLE CONSTRUCTION A. BUILDING 01 - ASBURY PLACE AT KINGSPORT			
<u></u>	,	445481	B. WING_		01/24/2047		
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZEP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660				
(X4) ID PREFIX TAG	# (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	ID PREFIX YAG	. PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETA		
K 353	Continued From pa	ge 2	K 353	i			
		•	:	What corrective action(s) will			
	The findings include	2.		be accomplished for those			
	Observation on 1/24	1/17 at 11:30 AM and 2:20 PM		residents found to have been affected by the deficient	j		
	revealed 4 of 4 sprin room are correded a correded in the sprin	ikler heads in the laundry and 2 of 2 sprinkler heads are ikler riser room.		practice:	İ		
	The director of facilities was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 1/24/17. NFPA 101 Construction, Repair, and Improvement Operati			Corroded sprinkler heads			
				removed and replaced on	2 1		
				2/8/17 by Moody Sprinkler as			
K 791			+(49/	per NFPA regulations,			
SS≃D				How you will identify other	ĺ		
7	Construction, Repair	r, and improvement		residents having the potential	i [
⁻	Operations Construction repair	and immovement energians		to be affected by the same			
Ì	Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241. 18.7.9, 19.7.9, 4.6.10, 7.1.10.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to document areas under construction is being checked that the means of egress are clean and unobstructed. NFPA 101 2012 Ed. 19.7.9.2, 7.1.10.1 The deficiencies affect 1 of 4 smoke compartments. The census the day of the survey was 46 residents.			deficient practice and what			
				corrective action will be taken	:		
				Facilities Director performed a			
				visual inspection of sprinkler	ŀ		
			-	heads for corrosion in all areas			
				of the health care center.			
				Inspection completed on			
				2/14/17.			
	The findings include:						

FORM CMS-2567(02-99) Previous Varsions Obsolde

Event ID: 871321

Facility ID: TN0210

If continuation sheet Page 8 of 5

PRINTED: 01/26/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OX2) MULTIPLE CONSTRUCTION (X8).DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A SUILDING 01 - ASBURY PLACE AT KINGSPORT COMPLETED 445481 B. WING 01/24/2017 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE 100 NOTHERLAND LANE ASBURY PLACE AT KINGSPORT KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S FLANOF GORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE COMPLETION DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) What measures will be put in K 791 Continued From page 3 **K-Z01** to place or what systemic Record review and interview with the director of changes will you make to facilities on 1/24/17 at 10:40 AM revealed no ensure that the deficient documentation indicating that the means of practice does not recur: ogress of the area that is under construction is baing inspected daily that the means of egress is continuously maintained free of all obstructions or Inspection of the sprinkler impediments to full instant use in the case of fire heads has been added to the or other emergency. quarterly maintenance program The director of facilities was present when the documentation, Facilities deficiency was identified and acknowledged by Director will verify completion the administrator during the exit conference on 1/24/17. of inspection and document on K 923 NFPA 101 Gas Equipment - Cylinder and the quarterly inspection log. - (5.33) Container Storag SS=D How the corrective action(s) Gas Equipment - Cylinder and Container Storage will be monitored to ensure Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and the deficient practice will not ventilated in accordance with 5.1.3.3.2 and recur; i.e. what quality 5.1.3.3.3. >300 but <3,000 cubic feet assurance program will be put Storage locations are outdoors in an enclosure or into place: within an enclosed interior space of non- or limited-combustible construction, with door (or inspection of the sprinkler gates ouldoors) that can be secured. Oxidizing heads will be performed gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if monthly x 3 by Facilities sprinklered) or enclosed in a cabinet of Director or designee. noncombustible construction having a minimum

FORM CMS-2567(02-99) Previous Versiona Obsoluta

1/2 hr. fire protection rating.

Less than or equal to 300 cubic feet in a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be

Event ID: 87 (321

Facility to: TN8210

If continuation sheet Page 4 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 01/26/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ASBURY PLACE AT KINGSPORT			(X9) DATE SURVEY COMPLETED		
445481		B. WING			01/24/2017		
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660				
(X4) ID PREFIX TAG	FIX(EACH DEFIGIENCY MUST BE PRECEDED BY FULL				PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD IOSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	was 46 residents. The findings include Observation on 1/2 revealed 4 of 4 spri room are corroded corroded in the spri. The director of facilideficiency was identite administrator du 1/24/17. NFPA 101 Construction, Repair Construction, Repair Construction, Repair Construction, repair shall comply with 4. any area undergoing improvements shall its ability to be used emergency and con 18.7.9, 19.7.9, 4.6.1 This STANDARD is Based on record refailed to document a being checked that clean and unobstruction. NFPA 101 2012 Ed.	4/17 at 11:30 AM and 2:20 PM nkler heads in the laundry and 2 of 2 sprinkler heads are nkler riser room. Ities was present when the tified and acknowledged by aring the exit conference on stion, Repair, and improvement operations 6.10. Any means of egress in g construction, repair, or be inspected daily to ensure instantly in case of appliance with NFPA 241. 0, 7.1.10.1 and met as evidenced by: wiew and interview, the facility areas under construction is the means of egress are cited. 19.7.9.2, 7.1.10.1 ect 1 of 4 smoke census the day of the survey	К 7	91	K791 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified a being adversely affected by the deficiency. A log has been initiated to identify that all egresses are continually unobstructed. How you will identify other residents having the potentito be affected by the same deficient practice and what corrective action will be taken to be adversely affected by the deficiency.	en:	Page 3 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2017 FORM APPROVED OMB NO. 0938-0391

STATEMEN	T OF DECIOENALES	& MICDIOAID SERVICES			O	<u>MB NO</u>	<u>. 0</u> 938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
C CONTROLLER		A. BUILDING 01 - ASBURY PLACE AT KINGSPORT			COMPLETED		
445481		B. WING					
NAME OF	PROVIDER OR SUPPLIER		D. VIII.G_	OTDECTA	DDRESS, CITY, STATE, ZIP CODE	01	/24/2017
					ierland Lane		•
	ASBURY PLACE AT KINGSPORT				ORT, TN 37660		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	I ID		PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	I LEACH DEFICIENCY	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	¢R	EAGH CORRECTIVE ACTION SHOULD COSS-REFERENCED TO THE APPROPE DEFICIENCY)	9E	COMPLETION DATE
K 791	Continued From page	ge 3	K 79	1	What measures will be put	in —	
!				'	to place or what systemic		
1	Record review and interview with the director of facilities on 1/24/17 at 10:40 AM revealed no documentation indicating that the means of egress of the area that is under construction is being inspected daily that the means of egress is continuously maintained free of all obstructions or impediments to full instant use in the case of fire				changes will you make to	;	
1					ensure that the deficient	1	
					practice does not recur:		
					Facilities Director educated I	оу 📗	
	or other emergency.			Sodexho corporate manager		2/11/2	
İ				1	on how to daily inspect all		- 1/1//
	The director of facility			egress and properly maintain	1		
ļ ·	deficiency was ident			log until construction is	_	·	
	the administrator during the exit conference on 1/24/17.			İ	completed.		
K 923	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3,3.3.		16-00:	ا	•		
্) SS≐D				3	Documentation of training is		
				ĺ	being maintained at the		
					community.		
					Facilities Director or designed		•
<u> </u>					will maintain a daily log with	•	
	>300 but <3,000 cub	ic feet]	date, time, and area inspecte		
ļ	Storage locations are	e outdoors in an enclosure or sterior space of non- or			NHA or designee will audit lo		
f	limited- combustible	construction, with door (or				g	
	gates outdoors) that	can be secured. Oxidizing		}	weekly. ^	İ	
	gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be				How the corrective action(s)		
				1	will be monitored to ensure]	
					the deficient practice will no	.	
				į.	recur; i.e. what quality	٠. ا	
					• •	_	
.				l	assurance program will be pu into place:	10 1	
					piace:		. [
				1	NHA or designee will audit th	e i	1
				-	daily log for completion week		
FORM CMS-254	37(02-99) Previous Versions O	haolata		L	x 4 and monthly x 2.	<u> </u>	
	u feesa) Liekione Asiziqua ()	bsolete Event ID: 871321	Fa	ality (D: Ti	' · ·	sheet	Page 4 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/26/2017 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **DENTIFICATION NUMBER:** A BUILDING 01 - ASBURY PLACE AT KINGSPORT COMPLETED 4454R1 B. WING 01/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE ASSURY PLACE AT KINGSPORT KINE K923" --- ----BUMMARY STATEMENT OF DEFICIENCIES (XA) ID (XS) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX What corrective action(s) will TAG . REGULATORY OR LSC IDENTIFYING INFORMATION) TAG ATE DATE be accomplished for those residents found to have been K 923 Continued From page 4 K 923 affected by the deficient handled with precautions as specified in 11.6.2. practice: A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room. where the sign includes the wording as a No residents were adversely minimum "CAUTION: OXIDIZING GAS(ES) affected by this deficiency. STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order How you will identify other of which they are received from the supplier. Empty cylinders are segregated from full residents having the potential cylinders. When facility employs cylinders with to be affected by the same integral pressure gauge, a threshold pressure deficient practice and what considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored corrective action will be taken: in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) No other Residents are at risk This STANDARD is not met as evidenced by: as this is the only oxygen Based on observation, the facility failed to provide oxygen storage signage on the door. storage area at this time NFPA 101 2012 Ed. 19.3.2.4 What measures will be put in NFPA 99 2012 Ed. 11.3.4.1, 11.3.4.2 to place or what systemic The deficiencies affect 1 of 4 smoke changes will you make to compartments. The census the day of the survey ensure that the deficient was 46 residents. practice does not recur: The findings include: Facilities Director affixed an Observation on 1/24/17 at 2:35 PM revealed the 'Oxygen Storage' sign outside of facilities oxygen storage room door is not room on 1-25-17. provided with any signage. The oxygen storage room has greater than 300 cubic feet of oxygen How the corrective action(s) storage. will be monitored to ensure The director of facilities was present when the the deficient practice will not deficiency was identified and acknowledged by recur; i.e. what quality the administrator during the exit conference on 1/24/17. assurance program will be put into place: FORM CMS-2567(02-99) Previous Versions Obsidete Event ID: 871321 lation sheet Page 5 of 6

. 1-418 b0028/0029 E-146 Facilities director or designee

will inspect monthly to determine that signage is on:

the door.